


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 28, 2008 08:00 AM
Secretary of State

DOCUMENT # F06000005227	
1. Entity Name CDM DEALER SERVICES INC.	

Principal Place of Business 8900 E RAIN TREE DR SUITE 100 SCOTTSDALE, AZ 85260	Mailing Address 8900 E RAIN TREE DR SUITE 100 SCOTTSDALE, AZ 85260
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02112008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 36-4519779	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S PINE ISLAND RD PLANTATION, FL 33324

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

03/11/08-80019-007 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOHNSON, ALAN P 8900 E. RAIN TREE DR; STE 100 SCOTTSDALE, AZ 85260
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JONES, SYDNEY 8900 E. RAIN TREE DR; STE 100 SCOTTSDALE, AZ 85260
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MORRISON, JOHN W JR 8900 E. RAIN TREE DR; STE 100 SCOTTSDALE, AZ 85260
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO JOHNSON, PAUL C 8900 E. RAIN TREE DR; STE 100 SCOTTSDALE, AZ 85260
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: John W. Morrison Jr. JOHN W. MORRISON, JR. 02/15/2008 866-379-2361

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #